

CAP MR/DD Service Definition

Title: Day Supports

Service Definition:

Day supports provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills, which take place in a non-residential setting, separate from the home or facility in which the participant resides.

Day supports shall focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the Person Centered Plan. In addition, habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

This service meets the day programming needs of participants who choose to attend or receive services provided by a licensed facility, such as an adult day vocational program (ADVP) or Developmental Day. Community activities that originate from a licensed day facility will be provided and billed as Day Supports. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Day Supports may include prevocational activities. The following criteria differentiate between prevocational and vocational services.

- Prevocational Services are provided to persons who are not expected to join the general work force or participate in a transitional sheltered workshop within one year of service initiation.
- If compensated, individuals are paid at less than 50% of the minimum wage.
- Services include activities that are not directed at teaching job-specific skills but at underlying habilitative goals (e.g.: attention a span, motor skills, attendance, task completion).

Day Supports not may not be used for the provision of vocation services (e.g., sheltered work performed in a facility).

Service Limitation:

This service may only be provided by a licensed day facility and is inclusive of transportation to and from the participant's primary residence, the licensed day facility, and/or the community. Travel time is not actual service time and therefore actual billing for the service begins after the person reaches the site; the travel time is addressed through the rate established for the service definition.

This service may not be provided at the same time of day that a person receives: Home and Community Supports, Individual and Caregiver Training, Personal Care Services,

Respite Care, Specialized Consultative Services, Supported Employment, Transportation or one of the regular Medicaid services that works directly with the person, such as Personal Care Services, Home Health Services, MH/DD/SAS Community Services, or individual therapies. It may not be provided on the same day as Adult Day Health.

Staff Qualifications:

- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200
- Staff must have a high school diploma or GED
- Staff must meet client specific competencies as identified by the individual's person-centered planning team and documented in the Person Centered Plan.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
- Must have a criminal record check
- A healthcare registry check as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance.

Documentation:

Day Support services will be documented by the use of a grid. A grid is a form that is designed to identify the goal(s) being addressed and contains an accompanying key which specifies the intervention/activity provided. The grid also reflects the assessment of consumer's progress toward goal(s) during that episode of care.

A grid shall include:

- the full date the service was provided (month/day/year);
- the goals that are being addressed;
- a number or letter as specified in the key which reflects the intervention/activity;
- a number or letter as specified in the key which reflects the assessment of the consumer's progress toward goals;
- duration, when required; and
- initials of the individual providing the service. The initials shall correspond to a signature on the signature log section of the grid.

The grid shall provide space where additional information may be documented as needed.

Provider Qualifications:

This service may only be provided by a licensed day facility. The Provider must

- Maintain a license as specified under 10A NCAC 27G,
- Maintain a license as Developmental Day program approved by the Division of Child and Maternal Health
- Maintain a certification as Adult Day Care by the Division of Aging
- Maintain a license as Developmental Day program approved by the Division of Child and Maternal Health OR Licensed day Care Programs- GS 110 Article 7
- Before and After School Day Care Programs must be operated by NC Public School System and qualified by LMEs

Day Supports must be delivered by practitioners employed by mental health, developmental disabilities or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- Fulfill the requirements of 10A NCAC 27G

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.